

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | 1 | | | | | | | |
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| 4 | | 1 | | | | | | |
| 5 | | 4 | | | | | | |
| 6 | 1 | | | | | | | |
| 7 | | 1 | | | | | | |
| 8 | | 1 | | | | | | |
| 9 | | 1 | | | | | | |
| 10 | | 3 | | | | | | |
| 11 | | 2 | | | | | | |
| 12 | | 2 | | | | | | |
| 13 | | 0 | | | | | | |
| 14 | 1 | | | | | | | |
| 15 | | 1 | | | | | | |
| 16 | | 1 | | | | | | |
| 17 | | 1 | | | | | | |
| 18 | | 1 | | | | | | |
| 19 | | 3 | | | | | | |
| 20 | 1 | | | | | | | |
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| TOTAL IND. | 5 | | | | | | | |
| TOTAL DEP. | | 33 | | | | | | |
| TOTAL CLAIMS | | | | | | | | |